



**CITRUS HEIGHTS POLICE DEPARTMENT**  
*Animal Services Division*  
 6315 Fountain Square Drive Citrus Heights, CA 95621  
 (916) 725-PETS • www.citrusheights.net



CHAS Staff use only  
 APPROVED  
 DENIED  
 (date/initials)

**FOSTER APPLICATION**

DATE:	Animal Type Being Fostered	Breed and Color

Are you aware that fostering a pet is a large commitment?     YES     NO

**APPLICANT INFORMATION**

FIRST NAME:	LAST NAME:	
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:
EMAIL ADDRESS:		STATE ID/DL:
NUMBER OF PERSONS IN HOUSEHOLD:	IF CHILDREN IN THE HOUSEHOLD PLEASE LIST AGES:	
Are you or any member of your family allergic to pets: YES NO	Are you presently <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Self Employed / Employer:	

**GENERAL INFORMATION**

Type of Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn
If rental, are pets allowed? Y/N    Size/Breed Restrictions? Y/N    Max Size:    LBS
Complex Name & Address:
Manager/Landlord:    Phone:
Current Housing Location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits <input type="checkbox"/> Outside Sacramento Co.
Where will pet be maintained? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly Inside <input type="checkbox"/> Mostly Outside <input type="checkbox"/> Kennel
Where will the pet spend the night? <input type="checkbox"/> Inside <input type="checkbox"/> Outside
Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No    How high?
Will you allow the pet to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, where?
How many hours a day will the pet be alone?    Where will the pet stay when left alone?

Describe the activity level in your home	<input type="checkbox"/> Busy (visitors, children, parties, meetings)
	<input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking)
In the absence of the caregiver, who will care for the pet?	<input type="checkbox"/> Moderate (Normal comings and goings)
	<input type="checkbox"/> Quiet (homebodies, few guests)
	<input type="checkbox"/> Other (specify)

**FOSTER APPLICATION (continued)**

Are you willing to pay the veterinary costs of caring for your foster pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to take responsibility if this pet acquires an illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to take the time to work with a pet on housebreaking or behavior problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you consider obedience training for your new dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much time are you prepared to allow for you new pet to adjust to your home?

**PET INFORMATION**

Have You Had Pets In The Last 5 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please complete the following chart.				
Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is pet now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	

Current or past Vet name or clinic?	Phone:
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**PROFESSIONAL RELATIONSHIPS**  
*(for whom have you previously fostered)*

AGENCY or VETERINARIAN:		
#1 NAME:	LAST NAME:	
ADDRESS:	CITY:	ST      ZIP
HOME PHONE:	WORK PHONE:	CELL PHONE:
Relationship:	Known how long?	Best time to Contact:
Comments (staff only)		

AGENCY or VETERINARIAN:		
#2 NAME:	LAST NAME:	
ADDRESS:	CITY:	ST      ZIP
HOME PHONE:	WORK PHONE:	CELL PHONE:
Relationship:	Known how long?	Best time to Contact:
Comments (staff only)		



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CHAS Staff use only <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED  (date/initials)
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## FOSTER AGREEMENT

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_

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(hereinafter called "Foster Caregiver"), and the City of Citrus Heights, Animal Services Division.

**Foster Caregiver acknowledges that he or she is not becoming the owner of any of said animals, but is only willing to provide humane care for the animal. In consideration of the premises and the covenants herein contained, it is agreed between Citrus Heights Animal Services and Foster Caregiver as follows:**

Citrus Heights Animal Services delivers to Foster Caregiver and Foster Caregiver hereby accepts from Citrus Heights Animal Services a certain animal described below and Foster Caregiver agrees to humanely take care of said animal. In no event shall Foster Caregiver become obligated or have any right to keep said animal for longer than twelve (12) months from \_\_\_\_\_ (date).

### ANIMAL DESCRIPTION

Animal Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered? Yes No                      Female: \_\_\_\_\_ Spayed? Yes No

Description (color, special markings, etc.): \_\_\_\_\_

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1. Foster Caregiver agrees to let Citrus Heights Animal Services inspect Foster Caregiver's premises where the animal is being kept at any time to ascertain and satisfy itself that the animal is well cared for. Foster Caregiver agrees to keep a collar and identification tag on the animal at all times.
2. Foster Caregiver agrees not to alter in any way the appearance of the animal being fostered without written permission from Citrus Heights Animal Services. For example, declawing and cropping of ears or tails.
3. Foster Caregiver agrees to provide adequate food, water, shelter and kind treatment for said animal at all times. In addition, Foster Caregiver must adhere to all state and local animal laws. Foster Caregiver agrees to follow all additional written instructions from Citrus Heights Animal Services.

4. Foster Caregiver agrees to notify Citrus Heights Animal Services as to any behavioral or health problems of the animal. Citrus Heights Animal Services reserves the exclusive right to determine the proper course of action to take upon such notification.
5. Foster Caregiver will notify Citrus Heights Animal Services in the event any change occurs in the address or telephone number listed below. Foster Caregiver understands and acknowledges that he/she does not have any right or authority to keep the foster animal or place foster animal in other homes or place with other individuals unless permission is given in writing by Citrus Heights Animal Services.
6. Foster Caregiver is undertaking these obligations with no claim, now or in the future, to any type of compensation or reimbursement for caring for said animal, and the further consideration for undertaking this obligation and caring for said animal is that Foster Caregiver is receiving satisfaction and enjoyment from undertaking this obligation of his or her own free will and because he or she wants to do so and derives satisfaction from doing so.
7. Foster Caregiver agrees that accidental animal bites or other injuries to humans and other animals do occur, and agrees to hold harmless and indemnify, and protect Citrus Heights Animal Services, from any claim or suit filed by anyone as a result of such an incident. In addition, Citrus Heights Animal Services will not be responsible if animal should damage or destroy property belonging to Foster Caregiver, or shall transfer any disease or internal or external parasites to other animals belonging to Foster Caregiver.
8. If Foster Caregiver wishes to adopt said animal, Foster Caregiver must go through Citrus Heights Animal Services adoption program screening process. Citrus Heights Animal Services reserves the right to determine final disposition of the animal.
9. This Agreement is the entire agreement of the parties, and there are no oral promises or representations made in addition to this contract and it may only be changed in a writing signed by both Citrus Heights Animal Services and Foster Caregiver.
10. Foster Caregiver must give Citrus Heights Animal Services two weeks' notice if unable to care for the animal further to allow time to find new placement.

Foster application can be faxed to 916-727-1454 or e-mailed to [AnimalServices@CitrusHeights.net](mailto:AnimalServices@CitrusHeights.net) .  
 Original is required and must be mailed to: **Citrus Heights Animal Services, 6360 Fountain Square Drive, Citrus Heights CA 95621.**

\_\_\_\_\_  
 Foster Caregiver (*print*)

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 Staff Signature Approving Foster

\_\_\_\_\_  
 Title